

## KY REC Tip for the Kentucky Medicaid EHR Incentive Program (Promoting Interoperability)

### Preparing for Attestation-Medicaid Checklist

#### **What information do I need to have on hand for attestation?**

To begin the attestation process, you will need all of your attesting providers NPI numbers and their individual CMS registration ID number that was assigned from the CMS registration page. If you do not have the registration ID, you can find this by logging into the providers CMS EHR Incentives account at <https://ehrincentives.cms.gov/hitech/login.action>

You will need to complete a Patient Volume Report Form for any 90-day period within the reporting year or prior year. For non-FQHC and non-RHC practices a KCHIP count is required on the volume form. In order to request your KCHIP information, please follow the direction at the [Medicaid EHR Incentive Program \(Promoting Interoperability\)](#). Once you have completed your volume report, you will need to save the report as a PDF document for upload following your attestation.

You will need the Certified Health Product List ID (CHPL ID) for your electronic health record. In order to find this ID, you will enter your vendor's name and version in the search box on the CHPL website. <https://chpl.healthit.gov/>. You will have the option to print the selection. At this point, you will save the information again as a PDF into your folder to use for upload.



You will need a current invoice/purchase order that includes your current version, or the version in which you are reporting. This document will also need to be a PDF document for upload.

You will need Promoting Interoperability reports for all of the attesting providers, including your Promoting Interoperability measures and Clinical Quality Measures. For the program year 2019 your Promoting Interoperability Objectives will be for a 90-day reporting period while your Clinical Quality Measures will be for the entire calendar year. For 2019, Clinical Quality measures should be uploaded preferably using a QRDA-III file in XML format. Contact your vendor for assistance in creating this file. If you cannot submit via a QRDA-III file, contact your HIT advisor for further guidance. The exception to this timeframe rule are those providers attesting to MU for the first time. They can submit a 90-day quality file. First-time meaningful users are those who have in the past received payment for adding, implementing or updating (AIU) to an EHR but have never demonstrated being a meaningful user of the EHR.

You will need your Public Health documentation, including the participation agreement, addendums, and testing/go-live forms. This could be from KHIE or from a specialized registry in which your practice is a member.

Finally, if your provider is assigning the incentive payments to the group NPI, a Payment Reassignment Letter will need to be signed for the 2019 payment and program year.

## **How will I submit this information to Medicaid?**

You will manually enter your data from your Promoting Interoperability reports and upload your quality information file. Then you will upload all of your documents prior to finalizing your submission. For all documents to be uploaded to the attestation site, the information must be saved in a PDF version. The Medicaid site will only accept PDF files for document upload with exception of CQMs in XML format. We recommend you save a PDF version of your CQMs for your records.

### **Common Errors:**

- Information for upload is not complete
- Missing documentation for Public Health registries
- Documents not saved in the correct format for upload
- Documents not saved on a personal computer for upload
- Patient Volume form has missing information. You must have a number in each line.
- Patient Volume form calculations are incorrect. Be sure to follow the instructions for each line when adding, subtracting or dividing.
- Failure to request a KCHIP report and reduce numerator with KCHIP total

### **Best Practices:**

- Complete the attached Medicaid checklist prior to attestation
- Ensure all documents are saved in a folder for upload prior to attestation
- Ensure all documents are dated for current program year. Work with your HIT advisor to confirm all information is correct and current for document upload

**Be prepared with the following documentation before you begin the attestation process: *NOTE: ALL DOCUMENTS MUST BE SAVED IN PDF FORMAT FOR UPLOADING***

- ☐ Individual Provider NPI number and EHR Incentive Program Registration Tracking ID number (assigned upon registration at CMS) used to log into the website to submit attestation. (Not required for upload, just need for login)
- ☐ KHIE – Required uploads will vary based on the provider’s type of engagement with KHIE or other public health organization, see below:
  - Option 1: Completed Registration to Submit Data - Upload Required
    - KHIE Participation Agreement and all signed addendums for public health measures
    - Other public health registries – no additional uploads required, but registration documentation should be kept for audit purposes.
  - Option 2: Testing and Validation -
    - KHIE - MU Confirmation form - Upload Required
    - Other public health registries – no additional uploads required, but documentation of completed testing should be kept for audit purposes.
  - Option 3: Production -
    - KHIE – Go-Live Approval form - Upload Required
    - Other public health registries – no additional uploads required, but confirmation of production data should be kept for audit purposes.
- ☐ Promoting Interoperability reports **must be uploaded** for the qualifying 90-day period for each individual professional in your office attesting.
- ☐ Clinical Quality Measures file for the full calendar year. (90-day reports for first-time attestations)
- ☐ Payment Reassignment document:
  - Documentation is required for all eligible professionals that attest for incentive payments through the Kentucky Medicaid EHR Incentive Program. This is required for all providers who reassign payment to any entity other than themselves.
  - **Must be uploaded** to the attestation in the form of a signed agreement indicating they are permitting their monies to be reassigned. The agreement shall be on the entities clinic or group letterhead, renewed each payment year and to include all information below:
    - Name of eligible professional (EP) participating in the incentive program
    - NPI of EP participating in the incentive program
    - Program Year and Payment Year EP agrees to reassign incentive monies
    - Name of clinic or group payment will be reassigned to

- NPI of clinic or group that payment will be reassigned to
  - TIN of entity that payment is to be reassigned to
  - Signed and dated by EP
  - Signed and dated by an authorized representative of entity receiving incentive payment on behalf of the EP
- ❑ Patient volume report for a 90-day period during or prior to, the calendar year of your reporting period for attestation. **(Must be uploaded)**. A patient volume report form is available on the CHFS website at [Patient Volume Report](#) or from your Health IT Advisor. When requesting a KCHIP report, if applicable, allow adequate time for receipt **before** attesting. This report can take 3 hours to complete.
- ❑ Signed Vendor Contract, Invoice or Purchase Order (documentation must be a legally binding contract) with the current software version number listed to support the 2015 version CEHRT ID. Any other documentation supporting YES/NO attestation responses, testing with other entities, etc.
- ❑ EHR Certification ID for current version from the CHPL website: <https://chpl.healthit.gov/>
- ❑ Promoting Interoperability Additional Documentation – These documents are not required to be uploaded during attestation but should be saved in your attestation folder for support in the case of an audit. Save screenshots of your CDS rule, Drug to Drug, Drug Allergy checks during the 90-day reporting period. Save completed SRA with a mitigation strategy. If applicable, save KCHIP report.